

State Department of Health Services  
HAZARDOUS MATERIALS MANAGEMENT SECTION  
744 P Street, Sacramento, CA 95814

**See reverse side for Instructions.**  
**Please type or print clearly. Press Hard.**

① Manifest Number 015-001831

③ Designated TSD Facility (Authorized to operate under an approved state program or federal program)

SFUND RECORDS CTR  
999000322

(2) Name ALUMINUM CO OF AMERICA OPERATING IN ID  
 EPA NO. CA0074106681 EPA NO. CA0080010024  
 Address 5151 ALCOA RD Phone No. 566141 Address 900 POTERO GRANDE  
 City, State, Zip VERNON 90058 City, State, Zip MANTERO PARK

[illegible]

5	U.S. DOT PROPER SHIPPING NAME	U.S. DOT HAZARD CLASS	UN/NA ID NO.	WEIGHT OR VOLUME	UNITS	CONTAINERS NUMBER:
	WASTE					TYPE: <input type="checkbox"/> DRUMS <input type="checkbox"/> BAGS <input type="checkbox"/> CARTONS
	WASTE					<input checked="" type="checkbox"/> TANK TRUCK <input type="checkbox"/> DUMP TRUCK
						<input type="checkbox"/> OTHER

<b>(6) WASTE CATEGORY</b> <u>#7</u> <b>LIST COMPONENTS:</b> <b>(9)</b> A. _____ B. _____ C. _____ D. _____	<b>(7) EX. HAZ. WASTE PERMIT NO.</b> <div style="display: flex; justify-content: space-between;"> <div> <b>CONC. UPPER</b>            _____            _____            _____            _____         </div> <div> <b>RANGE LOWER</b>            _____            _____            _____            _____         </div> <div> <b>UNITS</b>  <input type="checkbox"/> % <input type="checkbox"/> ppm.  <input type="checkbox"/> % <input type="checkbox"/> ppm.  <input type="checkbox"/> % <input type="checkbox"/> ppm.  <input type="checkbox"/> % <input type="checkbox"/> ppm.         </div> </div>	<b>(8) GENERATING PROCESS</b> <u>Flux and water</u> <div style="display: flex; justify-content: space-between;"> <div> <b>CONC. UPPER</b>            _____            _____            _____            _____         </div> <div> <b>RANGE LOWER</b>            _____            _____            _____            _____         </div> <div> <b>UNITS</b>  <input type="checkbox"/> % <input type="checkbox"/> ppm.  <input type="checkbox"/> % <input type="checkbox"/> ppm.  <input checked="" type="checkbox"/> % <input type="checkbox"/> ppm.         </div> </div>	<b>(10) WASTE PROPERTIES:</b> pH <u>7</u> <input type="checkbox"/> Toxic <input type="checkbox"/> Flammable <input type="checkbox"/> Corrosive/Irritant <input type="checkbox"/> Reactive <input type="checkbox"/> Sensitizer <input type="checkbox"/> Carcinogen/Mutagen <b>(11) PHYSICAL STATE:</b> <input type="checkbox"/> Solid <input checked="" type="checkbox"/> Liquid <input checked="" type="checkbox"/> Sludge <input type="checkbox"/> Slurry <input type="checkbox"/> Gas <input checked="" type="checkbox"/> Other <u>ALUMINUM OXIDES, WATER</u> <b>(12) SPECIAL HANDLING INSTRUCTIONS:</b> <input type="checkbox"/> Gloves <input checked="" type="checkbox"/> Goggles <input type="checkbox"/> Respirator <input type="checkbox"/> Other _____
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GENERATOR CERTIFICATION: This is to certify that the above named materials are properly classified, described, packaged, marked, labeled, and are in proper condition for transportation according to the applicable regulations of the Department of Transportation and EPA.

**IN THE EVENT OF A SPILL, CONTACT THE NATIONAL  
RESPONSE CENTER, U.S. COAST GUARD 1-800-424-8802**

(13) *K. Gump* Signature of Authorized Agent and Title 2-13-81 Date Shipped

(14) NAME ASBURY OIL CO.  
EPA NO. CAD028277036  
ADDRESS 13419 Halldale Avenue PHONE NO. (213) 321-1392  
CITY, STATE, ZIP Gardena, California 90249

(15) PICK-UP DATE 2-13-81  
TIME 9:00 ☒ AM ☐ PM  
2-13-81  
Date

(17) NAME WATKINS Twp Inc 18 QUANTITY (If Measured) 100  
EPA NO. CATASD072424 19 STATE FEE (If Any) \_\_\_\_\_  
PHONE NO. \_\_\_\_\_

21) HANDLING OR DISPOSAL METHOD:

☐ Surface Impoundment      ☒ Landfill

☐ Injection Well      ☐ Land Treatment

☐ Treatment (Specify) \_\_\_\_\_

☒ Recovery or Reuse      ☐ Storage/Transfer

**(20) INDICATE ANY SIGNIFICANT DISCREPANCIES BETWEEN MANIFEST AND SHIPMENT:** \_\_\_\_\_

**IF WASTE IS HELD FOR DELIVERY ELSEWHERE, SPECIFY THE DESIGNATED TSD FACILITY:**

②② NAME \_\_\_\_\_

EPA NO. \_\_\_\_\_

(23) \_\_\_\_\_  
Signature of Authorized Agent and Title

\_\_\_\_\_ Date Accepted